hours per form

# **FORM D**

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

SEC Mail Processing Section MAR 27 2008

# **FORM D**

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Num	ber:	3235-0076				
Expires:	May 31,	2002				
<b>Estimated</b>	Average	burden				

. 16.00

SEC US	E ONLY
Prefix	Serial
DATE RE	CEIVED

	<b></b>
	this is an amendment and name has changed, and indicate change.)
Filing Under (Check box(es) that Type of Filing: New	
	A. BASIC IDENTIFICATION DATA
1. Enter the information request	about the issuer
Name of Issuer ( check	f this is an amendment and name has changed, and indicate change.)
Lighthouse Global Long/Short	und, L.P.
Address of Executive Offices	(Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
3801 PGA Blvd., Suite 500, Pal	Beach Gardens, FL 33410 (561) 741-0820
Address of Principal Business O	rations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Office	s) Same
Brief Description of Business	PHUCESSED
Maximization of capital apprec	ation.
Type of Business Organization	☐ other (please specify): APR 0 3 2008
corporation	☐ limited partnership, already formed ☐ other (please specify):
☐business trust	☐ limited partnership, to be formed THOMSON
Actual or Estimated Date of Inco	Month Year FINANCIAL
•	CN for Canada; FN for other foreign jurisdiction)

### **GENERAL INSTRUCTIONS**

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6)

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



		A. BASIC IDEN	TIFICATION DATA	<del></del> -	
2. Enter the information	on requested for the fo				
<ul> <li>Each promoter of</li> </ul>	the issuer, if the issue	r has been organized within the	past five years;		
<ul> <li>Each beneficial ov</li> </ul>	vner having the power	r to vote or dispose, or direct the	vote or disposition of, 10% or	more of a class of equ	uity securities of the issuer;
Each executive of	ficer and director of c	orporate issuers and of corporate	e general and managing partner	s of partnership issue	rs; and
Each general and	managing partner of p	artnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	✓ General and/or ✓ Managing Partner
Full Name (Last name first, if	individual)				
Lighthouse Investment Parti	ners, L.L.C.				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 500, I	Palm Beach Gardens	, FL 33410			
Check Box(es) that Apply:	☑ Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)			-	managing i armi
•	·		•		
Lighthouse Partners, L.L.C. Business or Residence Addres		et, City, State, Zip Code)			
	_				
3801 PGA Blvd., Suite 500, I Check Box(es) that Apply:	Palm Beach Gardens Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Lakin, Kevin R.					<del></del>
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)			
3801 PGA Blvd., Suite 500,			<b>D D</b> 1 0 000	□ St	General and/or
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	Managing Partner
Full Name (Last name first, if	individual)		<u></u>		
Swan III, Robert P.					
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)	· ·· <del>· · · · · · · · · · · · · · · · ·</del>		
3801 PGA Blvd., Suite 500,	Palm Beach Garden	s. FL 33410			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or
Full Name (Last name first, if	findividual)				Managing Partner
Perkins, Kelly R. Business or Residence Addre	ss (Number and Stre	eet. City. State. Zin Code)			
3801 PGA Blvd., Suite 500, Check Box(es) that Apply:	Palm Beach Garden  Promoter	s, FL 33410  Beneficial Owner	Executive Officer	Director	General and/or
			Z with the ferrings		Managing Partner
Full Name (Last name first,	if individual)				
McGould, Sean G.					
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
3801 PGA Blvd., Suite 500,					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Perkins, J. Scott	-				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)	·		· · · · · · · · · · · · · · · · · · ·
3801 PGA Blvd., Suite 500,		-			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
E.II Nama (Caraca Caraca Carac	A1. 31. 34. 6	<del>_</del>			Managing Partner
Full Name (Last name first, i	t individual)				
DesPlaines, Kenneth	on (Number and Co	Cir. Cara 7'- 0-4-1			
Business or Residence Addre	as (Number and Str	eet, City, State, Zip Code)			
3801 PGA Blvd., Suite 500,	Palm Beach Garden	is, FL 33410			

E_4. d. t. c.	:		TIFICATION DATA		
	ion requested for the f	•			
		r has been organized within the			ta and states out of a
		r to vote or dispose, or direct the			
Each executive of	fficer and director of o	orporate issuers and of corporat	e general and managing partner	s of partnership issue	rs; and
	managing partner of			□ Dimeter	☐ General and/or
theck Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	☐ General and/or Managing Partner
ull Name (Last name first, if	f individual)	<del>, , , =</del> •		·	
IFA Lighthouse Holdings (	^arn				
Business or Residence Addre		et, City, State, Zip Code)			
801 PGA Blvd., Suite 500,	Palm Basah Cardon	FT 32410			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
	_				Managing Partner
ull Name (Last name first, it	f individual)				
IFA Holdings Ltd.					
Business or Residence Addre	ss (Number and Stre	et, City, State, Zip Code)			
801 PGA Blvd., Suite 500,	Palm Beach Garden	s, FL 33410			
Check Box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
full Name (Last name first, it	f individual)				Managing Laurici
	<b>-</b> /				
LHP Investments LLC Business or Residence Addre	ss (Number and Stre	set City State Zin Code)			
		•			
801 PGA Blvd., Suite 500, Check Box(es) that Apply:	Palm Beach Garden  Promoter	s, FL 33410  Beneficial Owner	Executive Officer	☐ Director	General and/or
		- Belieficial Owlier			Managing Partner
full Name (Last name first, i	f individual)				
		-			
Business or Residence Addre	ss (Number and Str	et, City, State, Zip Code)			<del></del> -
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or
ull Name (Last name first,	if individual)				Managing Partner
<b>(</b>	,				
Business or Residence Addre	ss (Number and Ste	eet. City. State. Zin Code)			
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Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
		Delicticial Owner	☐ Executive Officer	Director	Managing Partner
ull Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and Str	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	☐ General and/or
Full Name (Last name first, i	if individual)				Managing Partner
en rame (Last name mist, )	n murvidual)				
Project of Desidence 6.13	an Almil 10				
Business or Residence Addre	ess (Number and Str	oct, City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

					В.	INFORM	ATION A	ABOUT O	FFERIN	G					
1.	Has the issuer	sold, or do	es the issue	r intend to	sell to non-	-accredited	investors ir	this offerir	10?					Yes .□	No ⊠
•	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?  Answer also in Appendix, Column 2, if filing under ULOE.									_					
2.	2. What is the minimum investment that will be accepted from any individual?									,	\$ <u>1,000.</u>	<u>.000.00*</u>			
3.	Does the offer	ina naemit	ioint oume	shin of a ci	nala unit?									Yes	No □
4.												ш			
remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to										T					
	agent of a bro be listed are a	ker or deale	er registered	l with the S	EC and/or	with a state	or states, li	st the name	of the brok	er or dealer	. If more t	han five (5)	persons to	0	
Full	Name (Last na			ich a bloke	of dealer,	you may so	i ioiui uie i	IIIOIIIIacioii	IOI IIIAI OIO	KCI UI ULAIL	a only.				
	NE														
_	iness or Resider	nce Address	s (Number a	and Street,	City State,	Zip Code)							-		
			•	·	•										
Nar	ne of Associated	Broker or	Dealer	-							<del> </del>		, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
			200101												
Stat	tes in Which Per	son Listed	Hae Soligit	ed or Inten	de to Solici	Dumhacan	,								
	(Check "Al									***************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			All S	tates
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]		
	[IL] [MT]	(IN) (NE)	[IA]	[KS] [NH]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
	[RI]	[SC]	[NV] [SD]	[TN]	[tn] [txt]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[WI]	[UK] [WY]	[PR]		
Ful	Name (Last na				[ ]	<u></u>						, <u>b</u> ,d,.			
_															
Bus	siness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
Nar	ne of Associate	Broker or	Dealer								<del></del>				
Sta	tes in Which Per	son Listed	Has Solicit	ed or Inten	ds to Solici	Purchasers	3								
	(Check "A	ll States" or	r check indi	vidual Stat	es)				*************					All S	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	{HI}	[ID]		
	[IL] [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NЛ	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
_	[RJ]	[SC]	[SD]	[TN]	[TX]	[ហា]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Ful	l Name (Last na	me first, if	individual)												
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Dus	siness or Reside	nce Addres	s (Number	and Street,	City State,	Zip Code)									
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Naı	me of Associate	d Broker or	Dealer												
Sta	tes in Which Pe					t Purchaser	\$				<del></del>				
			r check indi											All	States
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO]	[CT]	[DE] [MD]	[DC]	(FL)	[GA]	[HI]	[ID] [MO]		
	[MT]	[NE]	[NV]	[NH]	[NJ]	[LA] [NM]	[ME] [NY]	[NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[PA]		

<sup>\*</sup>May be waived by the General Partner

	Aggregate	Amount Already
Type of Security	Offering Price	Sold
Debt		\$
Equity	<u> </u>	\$
☐ Common ☐ Preferred		
Convertible Securities (including warrants)	S	<b>s</b>
Partnership Interests	000,000,002	\$ <u>263,497,726*</u>
Other (Specify:	\$	<b>s</b>
Total		\$ 263,497,726*
	300,000,000	<u> </u>
Answer also in Appendix, Column 3, if filing under ULOE.		
Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount
	Investors	of Purchases
Accredited Investors	189	\$ 263,497,726*
Non-accredited Investors		S
Total (for filings under Rule 504 only)		\$ <u>263,497,726*</u>
		\$ <u>263,497,726*</u>
Total (for filings under Rule 504 only)	189	
Total (for filings under Rule 504 only)	189	\$263,497,726*  Dollar Amount Sold
Total (for filings under Rule 504 only)	189 Type of Security	Dollar Amount
Total (for filings under Rule 504 only)	189 Type of Security	Dollar Amount
Total (for filings under Rule 504 only)	189 Type of Security	Dollar Amount
Total (for filings under Rule 504 only)	Type of Security	Dollar Amount Sold  \$ \$
Total (for filings under Rule 504 only)	Type of Security	Dollar Amount Sold  \$ \$
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	Type of Security	Dollar Amount Sold  \$ \$ \$ \$ \$
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  Rule 505  Regulation A  Rule 504  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees	Type of Security	Dollar Amount Sold  \$ \$ \$ \$ \$
Total (for filings under Rule 504 only)	Type of Security	Dollar Amount Sold  \$ \$ \$ \$ \$ \$
Total (for filings under Rule 504 only)	189  Type of Security	Dollar Amount
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  Rule 505  Regulation A  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be giver as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees.  Accounting Fees	189  Type of Security	Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  Rule 505  Regulation A	189	Dollar Amount Sold  \$
Answer also in Appendix, Column 4, if filing under ULOE.  If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  Type of offering  Rule 505  Regulation A  Total  a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be giver as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.  Transfer Agent's Fees  Printing and Engraving Costs  Legal Fees.  Accounting Fees	189  Type of Security	Dollar Amount Sold  \$ \$ \$ \$ \$ \$ \$ \$

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

<sup>\*\*</sup>Represents original costs only.

and total expenses furnished in response to	ggregate offering price given in response to Part C - Question 1  Part C - Question 4.a. This difference is the "adjusted gross	3	<u> </u>	499,980,000
of the purposes shown. If the amount for an	gross proceeds to the issuer used or proposed to be used for each by purpose is not known, furnish an estimate and check the box to ments listed must equal the adjusted gross proceeds to the issued above.	<b>&gt;</b>		
			Payments to Officers, Directors, and Affiliates	Payments to Others
Salaries and fees (1)			\$	□ <b>\$</b>
Purchase of real estate			\$	□ \$
Purchase, rental or leasing and installation o	f machinery and equipment		\$	<b>S</b>
Construction or leasing of plant buildings an	d facilities		S	□ s
	ne value of securities involved in this offering that curities of another issuer pursuant to a merger)		\$	<b>\$</b>
Repayment of indebtedness			\$	□ s
Working capital			<b>\$</b>	□ \$
Other (specify): Partnership Investments			\$	<b>■ \$</b> 499,980,000
Column Totals			\$	<b>S</b> 499,980,000
Total Payments Listed (column totals added	)		⊠ \$ <u>4</u> 9	<u>99,980,000</u> (1)
	D. FEDERAL SIGNATURE			
The issuer has duly caused this notice to be signed in undertaking by the issuer to furnish to the U.S. Son-accredited investor pursuant to paragraph (b)(2	by the undersigned duly authorized person. If this notice is filed securities and Exchange Commission, upon written request of its of Rule 502.	under staff,	Rule 505, the follow the information furnis	ing signature constitutes shed by the issuer to any
ssuer (Print or Type) Lighthouse Global Long/Short Fund, L.P.	Signature BY: Lighthouse Investment Partners, L.L.C., General Partner		Date	Y-08

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

(1) The general partner is entitled to a monthly management fee, paid in arrears, calculated at the rate of 0.125% (1.5% annually) of each limited partner's capital account balance. In addition, the partnership may pay management fees and performance allocations to sub-advisors.

Vice President

Name of Signer (Print or Type)

J. Scott Perkins

**END**